

# Keck School of Medicine of USC

## Letter of Recommendation Request Form

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Name \_\_\_\_\_ Class \_\_\_\_\_

*\*Please attach a current curriculum vitae and any other relevant application information*

**LETTER OF RECOMMENDATION DUE BY:** \_\_\_\_\_

*\*Expect a two-three week turnaround time for completion*

**Letter of Recommendation for:**

- |   |   |
|---|---|
| <input type="checkbox"/> Dual-Degree Program                    | <input type="checkbox"/> Scholarship                        |
| <input type="checkbox"/> Fellowship                             | <input type="checkbox"/> Transfer to another medical school |
| <input type="checkbox"/> National student organization position | <input type="checkbox"/> Other _____                        |

**Address the Letter of Recommendation to the following:**

School/Program \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Special Instructions \_\_\_\_\_

**Upon completion of the letter:**

Please call me when the letter is ready to be picked up at \_\_\_\_\_

Please fax to \_\_\_\_\_

Please email to \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Questions? Please contact Roland Rapanot in the Office of Student Affairs at 323-442-2965 or [rapanot@usc.edu](mailto:rapanot@usc.edu)

OFFICE USE ONLY:

Received \_\_\_\_\_ Date Completed/Sent \_\_\_\_\_